

State of California
Division of Workers' Compensation - Medical Unit
Replacement Panel Request-8 Cal. Code of Regulations section 31.5
(Please print or type)

7250892 7173815490 ADJ12031731 02/15/2019
Original panel number (Required) Claim number (Required) EAMS number (if a case is filed) Date of Injury(Required):

Jonathan Shockley
Employee first name (Required) Middle Employee last name (Required)
Initial

Requesting Party (Required)

Applicant's Attorney/Injured Worker
 Defense Attorney/Claims Administrator

Indicate the reason why each QME should be replaced. A list of reasons is included in the instructions to this form. Attach documentation to this form to support the request for a new panel or explain the reason for the request in the space provided below. The failure to adequately document your request may result in your requests being delayed, returned or rejected.

PAUL SANDHU

1. QME Name (Required)

31.5(a)(2)-The QME cannot schedule an appointment within 60 or 90 days. Indicate the date of the initial request for an appointment in the space provided below.
Reason for Replacement (Required)

WAYNE ANDERSON

2. QME Name

In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

GARY MARTINOVSKY

3. QME Name

In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

Use this space to provide additional information about your request; attach additional pages as necessary to explain the issues concerning your replacement request. Please attach additional documentation as necessary to support your request. Requests that are either incomplete, inadequately documented or are otherwise incomprehensible will be returned. Please indicate the new address of the injured worker or the workplace zip code where the panel should be issued in the space provided below.

DR. SANDHU IS NOT SCHEDULING WITHIN 90 DAYS. INITIAL REQUEST WAS MADE ON APRIL 12, 2019.

06/03/2019
Date of Request: (mm/dd/yyyy)

Iana Zadneprovskaya
Name of Requestor (Required)

(510) 444-2512
Requestor Phone Number:

335 Hegenberger Road Suite 504
Requestor Street Address (Required)



Signature of Requestor:

Oakland
Requestor City (Required)

CA
Requestor State (Required)
94621
Requestor Zip Code (Required)

Panel #: 7250892

Date Request Received: 04/11/2019**Date Issued:** 04/12/2019**No. of Request:** 1**Claim No(s):** 7173815490**Date(s) of Injury:** 02/15/2019**Requesting Party:** APPLICANT ATTORNEY**Employer:** CARDIONET LLC**Ins./Adj. Agency:** MARIO CASTRO
CHUBB GROUP LOS ANGELES
PO BOX 42065
PHOENIX, AZ 85080**Employee:** JONATHAN SHOCKLEY**Applicant Attorney:** IANA ZADNEPROVSKAIA
FARBER OAKLAND
333 HEGENBERGER RD STE 504
OAKLAND, CA 94621**Defense Attorney:****Selected Qualified Medical Evaluator Panel:****Physician's Name:** PAUL (GURPAL) SANDHU, MD **Tel No.:** (888) 853-7944**Address:** 870 MARKET ST STE 600
SAN FRANCISCO, CA 94102**Specialty:** PAIN MEDICINE**In Practice Since:** 2000**Physician's Education:** OHIO STATE UNIVERSITY, COLUMBUS, OH**Physician's Training:** ROTATING-RIVERSIDE HOSPITAL, COLUMBUS, OH, 1996-1997
PHYS MED & REHAB-HARVARD/MASS. GENERAL HOSPITAL, BOSTON, MA, 1997-2000**Physician's Name:** WAYNE E ANDERSON, DO **Tel No.:** (888) 748-4057**Address:** 155 VALENCIA ST
SAN FRANCISCO, CA 94103**Specialty:** PAIN MEDICINE**In Practice Since:** 1993**Physician's Education:** UNIVERSITY OF HLTH SCIENCES,COLL OSTEO MED PACIFIC, POMONA, CA**Physician's Training:** ROTATING-KAISER, SAN FRANCISCO, CA, 1993-1994
NEUROLOGY-UNIVERSITY OF CALIFORNIA, MARTINEZ, CA, 1995-1998**Physician's Name:** GARY MARTINOVSKY, MD **Tel No.:** (510) 758-7462**Address:** 2299 POST ST STE 211
SAN FRANCISCO, CA 94115-3473**Specialty:** PAIN MEDICINE**In Practice Since:** 2001**Physician's Education:** STANFORD UNIVERSITY SCHOOL OF MEDICINE, STANFORD, CA**Physician's Training:** INTERNAL MEDICINE-KAISER PERMANENTE, OAKLAND, CA, 2000-2001
ANESTHESIOLOGY-STANFORD MEDICAL CENTER, STANFORD, CA, 2001-2004

UAN: Farber Oakland
ERN: 7912453
Ruben Amezquita
(510) 444 – 2512 x 130
Ruben.amezquita@farberandco.com

1 **PROOF OF SERVICE BY MAIL**

2 I, the undersigned, am employed in the County of Alameda; I am over 18 years of age, and I am
3 not a party to the within action; my business address is: Farber & Company Attorneys, P.C., 333
Hegenberger Road Suite 504, Oakland, CA. On June 3, 2019 I served the within:

4 **REPLACEMENT PANEL QME REQUEST**

5 on the parties listed below in said action by placing a true and correct copy thereof in a sealed
6 envelope with the required postage therein, fully prepaid, for collection and mailing on the date
7 and at the place shown below following ordinary business practices. I am readily familiar with
this business' practice for collecting and processing correspondence for mailing. On the same day
8 that this correspondence was placed for collection and mailing, it was deposited in the ordinary
course of business in a sealed envelope with postage fully prepaid and deposited in the United
States mail at Oakland CA, addressed as follows:

9
10 DWC – Medical Unit
P.O. Box 71010
Oakland, CA 94612

11
12 Mario Castro
Chubb Group Los Angeles
13 PO Box 30850
Los Angeles, CA 90030

14
15 Chubb Group Los Angeles
PO Box 30850
16 Los Angeles, CA 90030

17
18 I declare under penalty of perjury under the laws of the State of California that the foregoing is
true and correct. Executed on June 3, 2019 at Oakland, CA.

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21 
Samantha Lopez

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